

ABOUT MEDICARE and HEALTH-CARE CHOICES



**A Guide for Medicare Beneficiaries
and Their Families**

PUBS
RA
395
A3
A36
1987

GOOD HEALTH CARE

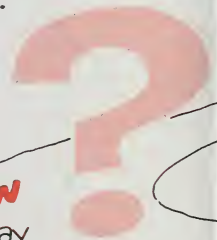
is an important part of good health. To get good health care at a reasonable cost, you must choose:



WHO
will provide
your medical
care.

WHERE
to receive
the care.

HOW
to pay
for it.



This booklet has been designed to give you information that can help you make wise choices about your health care.

This booklet is not a substitute for an informed discussion between a patient and his or her physician of the procedures or medications described in this booklet.

WA
395
A3
A36
1987

WHY should I **LEARN ABOUT** choosing health-care services **?**

Because taking an active role
in selecting services can
help you to:

BECOME AWARE

of the options you have

ENSURE

that you get the
best care available

REDUCE

your health-care costs

FEEL CONFIDENT

about the decisions
you're making.

ANOTHER BENEFIT

of making informed
decisions about
health care is that
you'll be helping
to control the
nation's rising
medical costs.

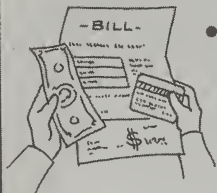
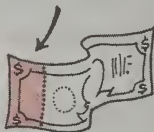


Learn more about your options...

CHOOSING HEALTH INSURANCE

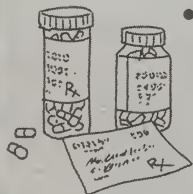
MEDICARE, as you may know, doesn't cover all health-care costs. You're responsible for:

- **DEDUCTIBLE AMOUNTS** – the initial dollar amounts that Medicare does not pay.



- **COINSURANCE** (or "copayment") – your share of the cost of covered services (beyond the deductible).

- **EXTENDED CARE** – days of care in a hospital or skilled nursing facility beyond those covered under Medicare.



- **DRUGS OR MEDICINES** – if you aren't in a hospital or skilled nursing facility (except for limited coverage through the hospice provision).

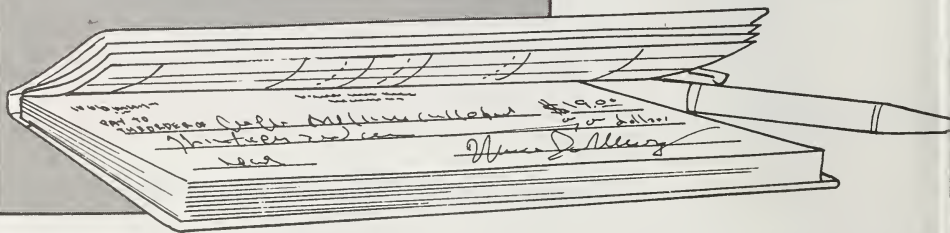
MEDIGAP INSURANCE

may help. This is additional insurance offered by private insurance companies. It helps pay for those costs not covered by Medicare. Of course, you may not need Medigap insurance if:

- you're eligible for Medicaid (a state/federal program for needy and low-income people)
- you or your spouse has health insurance through an employer.



But -- If you decide to buy a Medigap policy, be sure to shop carefully.



HOW TO SHOP FOR MEDIGAP INSURANCE

The following tips can help you get the best policy for your money:



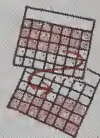
COMPARE POLICIES

Take your time, consult others, and get a variety of opinions on as many policies as you can.



CHECK FOR A WAITING PERIOD

If there's a waiting period before the new policy becomes effective, you'll want to keep your old policy in effect until that time.



AVOID OVERBUYING

A single comprehensive policy is better than several with overlapping coverage.



BEWARE OF SCARE TACTICS

Don't buy a policy just because the sales pitch exaggerates your medical costs or your likelihood of becoming ill.



INVESTIGATE COVERAGE

Find out if the policy excludes pre-existing conditions (health problems that you already have when coverage begins) or only covers them after a certain date.



BUY FROM A REPUTABLE AGENT

To check the reputation of an insurance agent/company, to report a deceptive practice, or to get more information on Medigap, contact your State Department of Insurance.



CHOOSING A HEALTH-CARE SYSTEM

In many communities you have a choice between two different health-care systems:

1 CONVENTIONAL HEALTH CARE

Under this system, you choose your own physician, specialists and hospital, and you pay for services as you receive them.

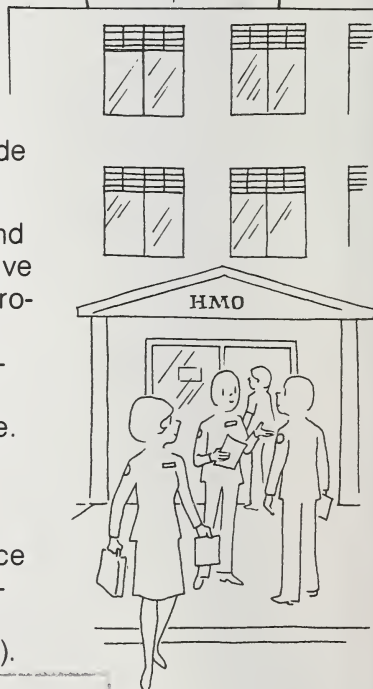
JOSEPH L. PAPER
M.D.
DIAGNOSIS & TREATMENT
M.D.



2 HEALTH MAINTENANCE ORGANIZATION (HMO)

An HMO is made up of physicians, nurses, technicians, etc., who provide you with complete health care.

If you are a Medicare beneficiary and you enroll in an HMO, you still receive Medicare benefits. The Medicare program pays the HMO a fixed amount per month, based on an average expense that Medicare beneficiaries would normally pay for medical care. You continue to pay your Medicare medical insurance premium. You also pay the HMO a premium, to cover the deductible and coinsurance amounts plus any HMO services beyond Medicare coverage (e.g. eyeglasses, hearing aids or dental care).



Old Library
21-07-13
1000 Library Blvd.
Baltimore, Maryland 21244

SOME ADVANTAGES OF AN HMO:

- **A SINGLE NETWORK OF CARE --** When you need care, you see the HMO physician you've selected. If you need a specialist or require hospitalization, the HMO makes arrangements for you.
- **LESS PAPER WORK --** There are no Medicare claims to file. The HMO handles all payments.
- **PREDICTABLE EXPENSES --** You don't pay Medicare deductibles or coinsurance. You only pay the Medicare Part B premium and the HMO premium.



OTHER CONSIDERATIONS:

If you want to receive medical care outside the HMO you are free to do so. However, unless this medical care is of an emergency nature you may be required to pay for it (get full information from the HMO).

BUT -- HMOs ARE NOT FOR EVERYONE.

You may prefer more freedom of choice, or prefer a physician who isn't affiliated with an HMO. Also, there may not be an HMO that's convenient for you.

FOR MORE INFORMATION

about HMOs and conventional health care, check the **Yellow Pages** of your phone book under "Health Maintenance Organizations," or contact your local medical society.

GETTING A SECOND OPINION

If a physician tells you that surgery is needed, (unless there's a medical emergency) you have time to think about when (or even whether) to have it done. Consider these points:

- 
- What physical risks are involved (ask your physician)
 - What the surgery will accomplish
 - Whether or not there are options for nonsurgical treatment
 - Whether to seek the opinion of another physician (a second opinion).



WHY GET A SECOND OPINION?

- TO AVOID UNNECESSARY RISKS AND COSTS. All surgery causes stress and carries risks – and it can be expensive.

TO GET A SECOND OPINION,

contact your physician or the local medical society. You can also call the national toll-free Second Opinion Hotline (800-638-6833 or, in Maryland, 800-492-6603).

- BECAUSE MEDICARE COVERS MOST OF THE COST of a second opinion – and a third opinion if needed – as well as a second opinion for major non-surgical diagnostic or therapeutic procedures. This could save you money in the long run.

BUT --

Don't use a second opinion to delay or avoid emergency surgery. And remember that you're responsible for the small part of the cost of the second opinion not covered by Medicare.

DECIDING WHERE TO HAVE SURGERY PERFORMED

If surgery is necessary, you and your physician may have a choice of either:

INPATIENT SURGERY

-- or --

OUTPATIENT SURGERY

This involves an over-night stay (or longer) in the hospital.

Many surgical procedures can be done (without an overnight stay) in a hospital outpatient facility, an ambulatory surgical center, or your physician's office.

WHY HAVE OUTPATIENT SURGERY?



- TO SAVE MONEY. The choice may be important in reducing your expenses, because Medicare has special payment provisions for outpatient surgery. Also, since outpatient surgery helps lower costs for Medicare and private insurers, the likelihood of higher taxes and premiums is reduced.
- TO SAVE TIME. Surgery and recovery times for outpatient surgery are usually short.
- TO LESSEN DISCOMFORT. You'll return to the comfort of your own home sooner.

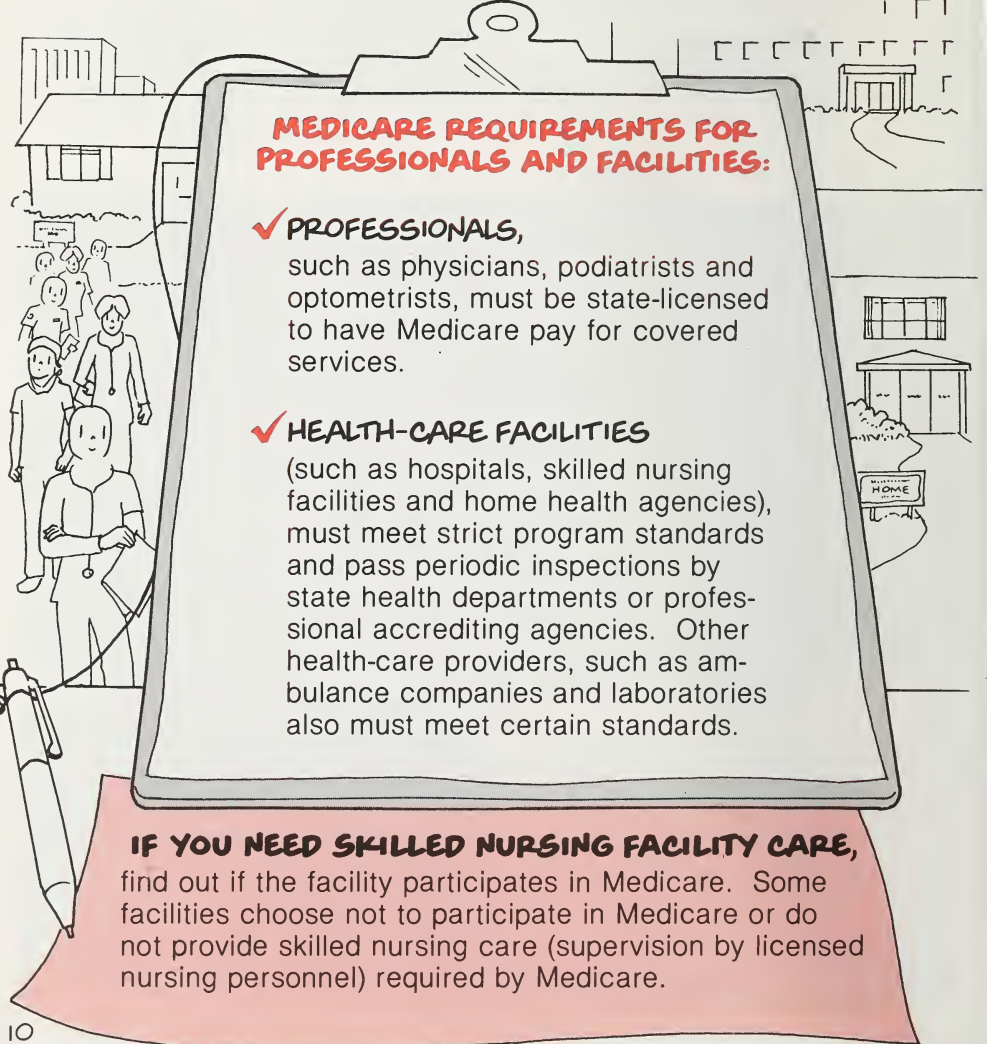
BUT --

Outpatient surgery may not be appropriate if your surgery involves a life-threatening emergency or extensive loss of blood, or if no outpatient surgical facility is convenient.

To learn more about Medicare's special payment provisions for outpatient surgery, contact your local Social Security office to obtain the toll-free number of the organization which handles your Medicare claims.

CHOOSING MEDICAL PROFESSIONALS AND FACILITIES

Make sure you receive services only from health-care professionals and facilities that are licensed or Medicare-certified. (Ordinarily, Medicare only pays for covered services of those that are.)



MEDICARE REQUIREMENTS FOR PROFESSIONALS AND FACILITIES:

✓ PROFESSIONALS,

such as physicians, podiatrists and optometrists, must be state-licensed to have Medicare pay for covered services.

✓ HEALTH-CARE FACILITIES

(such as hospitals, skilled nursing facilities and home health agencies), must meet strict program standards and pass periodic inspections by state health departments or professional accrediting agencies. Other health-care providers, such as ambulance companies and laboratories also must meet certain standards.

IF YOU NEED SKILLED NURSING FACILITY CARE,

find out if the facility participates in Medicare. Some facilities choose not to participate in Medicare or do not provide skilled nursing care (supervision by licensed nursing personnel) required by Medicare.

ABOUT MEDICARE "ASSIGNMENT"

This is a method of Medicare payment that can save you money, time and paper work.

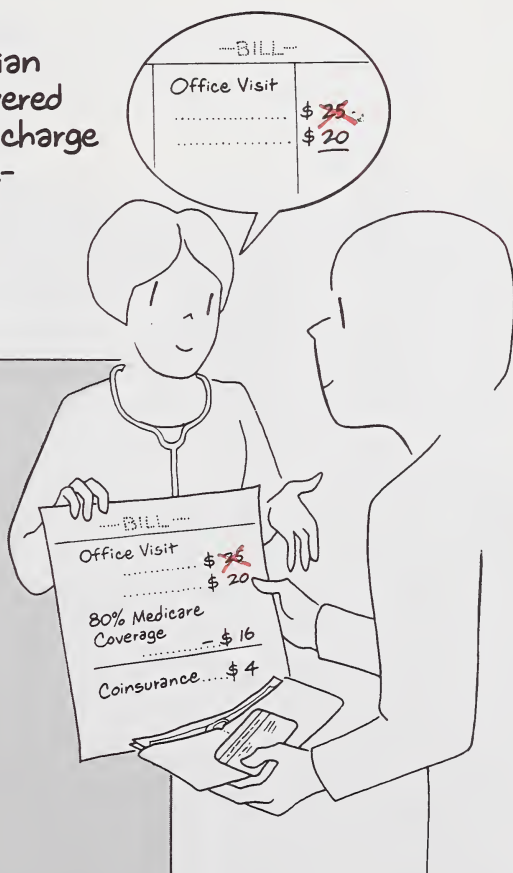
ASSIGNMENT

means that your physician (or other supplier of covered services) agrees not to charge more than the Medicare-approved fee (he/she accepts assignment).

FOR EXAMPLE --

Your physician charges \$25 for an office visit, but in your case he/she agrees to accept \$20, which is the fee allowed by Medicare.

If your medical insurance (Part B) deductible has been met, Medicare will pay your physician 80% of the \$20 fee (\$16). You owe the difference (\$4), called coinsurance.



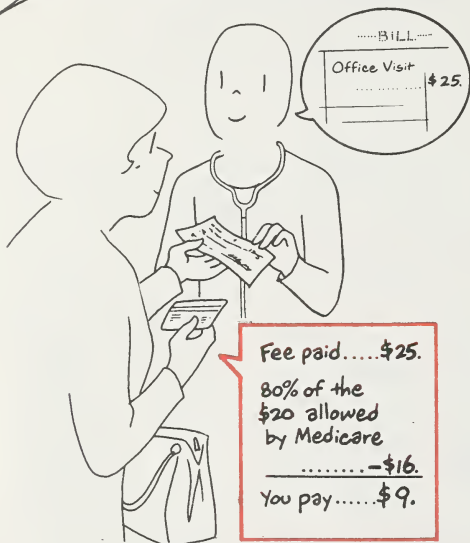
What if my doctor
DOES NOT
 take assignment
 ?

In this case,
 he/she can bill you
 for the full charge.

FOR EXAMPLE --

Your physician charges you his/her standard \$25 fee for an office visit. In this case, if your deductible has been met, Medicare pays you 80% of the approved \$20 fee (\$16). Again, you owe the difference, but in this case the difference is \$9 -- the \$4 coinsurance plus the \$5 that Medicare didn't allow.

While Medigap insurance might help to some degree, chances are it would only cover the \$4 coinsurance -- you'd still have to pay \$5.



NOTE:

- At your local Social Security office you can review a list of physicians in your area who accept assignment. The list gives each physician's past experience in accepting assignment. (Only physicians submitting 100 or more medical claims during 1982 are included.)
- About half of all Medicare claims for medical services are submitted via assignment. However, unless the doctor or supplier "participates" in Medicare, acceptance of assignment is done on a claim-by-claim basis. A non-participating physician can accept assignment for one claim and refuse to accept it for another. (See the next page for an explanation of what it means when a doctor or supplier participates in Medicare.)

ABOUT MEDICARE- PARTICIPATING DOCTORS

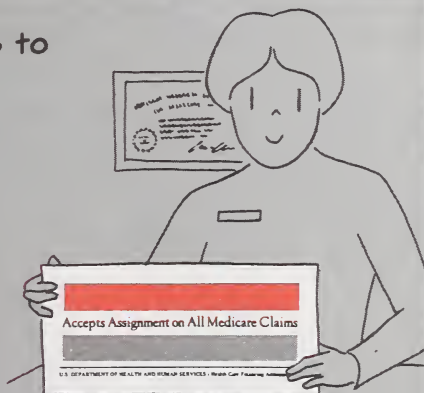
Participating doctors accept assignment
on **ALL** Medicare claims.

Medicare law allows doctors and other health-care suppliers to sign participation agreements. This means that the doctor (or supplier) agrees to accept assignment on all Medicare claims.

There are a number of ways to
**FIND OUT IF A DOCTOR
PARTICIPATES.**

You can:

- CALL THE DOCTOR'S OFFICE and ask.
- LOOK FOR THIS EMBLEM in the doctor's office or waiting room.
- CONTACT THE INSURANCE ORGANIZATION (carrier) that pays Medicare medical insurance claims in your area. Carriers are listed in the back of Your Medicare Handbook.
- CONSULT the Medicare-Participating Physician/Supplier Directory. You can purchase this list from your carrier or see it at your nearest Social Security office. It is also available at state and area offices of the Administration on Aging, and in the offices of many senior citizen organizations.



What are the
ADVANTAGES
of going to a physician
who accepts assignment
?

They include the following:

- You usually **SAVE MONEY!**
- You have **LESS PAPER WORK**, since you don't have to submit claim forms yourself.
- Medicare may process your physician's claim **MORE QUICKLY**, since it's more likely to contain all needed information.

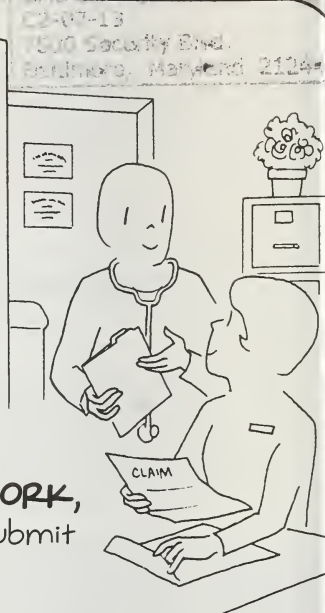


Why go to
a physician who
**DOES NOT ACCEPT
ASSIGNMENT**
?

You might, if he/she were your trusted, competent family physician, or the only physician convenient or available at the time.



For more information on assignment, read Your Medicare Handbook, available from any Social Security office.



Soo--

YOU DO HAVE CHOICES WHEN IT COMES TO HEALTH-CARE SERVICES!

Choose carefully
from the many
options available.

INSURANCE

✓ **WEIGH**
all the
options.

✓ **DECIDE**
what's best
for you.

✓ **DETERMINE**
your medical
needs.

✓ **GET** all
the facts.

FACILITIES

ASSIGNMENT

**THE OPTIONS
ARE YOURS!**

CMS LIBRARY



3 8095 00011128 2